Patient Education in Primary Care

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contents

Welcome to our resource for patient education and primary care![1]

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers.

Caring for Homeless Veterans

Editor's Note: This issue features patient education and primary care elements of programs for homeless veterans in two VA medical centers. Future issues of the newsletter will highlight other programs providing health care for homeless veterans. If you would like to share information about your program, please contact any of the task force members listed on the last page of this issue.

Las Vegas, NV

The VA Southern Nevada Health Care System operates the only community-based outreach clinic for homeless veterans in VHA. The program is located at the MASH (Mobilizing Assistance and Shelter for the Homeless) Crisis Intervention Center in Las Vegas. Staff from more than twenty agencies are also on site, so CBOC can network with a wide variety of resources under one roof including referral to two transitional living facilities with designated beds for homeless veterans. The CBOC offers an array of social services to homeless veterans and coordinates efforts with other local, county, state and national organizations as an advocate for homeless veterans. The program is preparing a self-help guide for homeless veterans to alert them to the variety of available resources, and to help them manage the difficulties of being homeless while working with them to establish stable housing and reliable income.

In order to expedite the treatment of homeless veterans seen at CBOC with severe medical complications, the CBOC created a special medical clinic for homeless veterans at the VA medical center. The clinic meets twice a week and is staffed by a physician assistant. Patients requiring additional treatment are assigned to a primary care team. A nurse at the CBOC provides

[1] This publication may be duplicated.

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preventive health services, referral to screening and TB shots, and health education services. Since the CBOC is linked with the computerized medical record system at the VAMC, the nurse can document her interactions with homeless veterans and monitor their needs for patient education and follow-up care.

Marcia Evans, CBOC nurse, noted the importance of tailoring health care and health education to individual veterans. "I spend a lot of time helping veterans understand why their treatment plans are important to them and how to manage their regimens while being homeless. If you don't have a safe place to sleep at night or aren't sure if you'll get any food for the day, it's hard to pay attention to a diet or medication regimen." She says, "I reinforce the information the patient gets at the medical center, and I have access to the same patient education materials the medical center provides. The biggest thing we do is to advocate for the homeless veterans. They trust us, so we can explain things they may not have understood at the VAMC or were embarrassed to bring up, and we can work with the treatment team at the medical center to develop the most effective treatment plans."

The Las Vegas program has consistently ranked in the top ten of VA homeless programs in terms of caseload, serving almost 3500 homeless veterans since its opening in November 1997. The CBOC received the Southern Nevada Federal Executive Association's Distinguished Public Service Award in 2000, and the VA's National Scissors Award in 1999 for its cost-effectiveness. Ed Atchison, Program Manager of the CBOC says, "We're especially proud of our achievements since 80% of the VA homeless programs have larger staffs and budgets than we do."

Hines, IL

In the Health Care for Homeless Veterans Program at VAMC Hines, IL staff members use a number of strategies to help educate veterans to manage their health problems. Joseph Lisiecki, Clinical Manager of the program, reports that each veteran receives an orientation booklet to the services offered by the program, including information on how to stay healthy and how to access VA health care services. Case managers review the booklet individually with veterans. The program also publishes a monthly newsletter which regularly contains information on a variety of health topics relevant to the veteran population.

"We make good use of the Patient Education Resource Center here at the medical center," says Lisiecki. "We take veterans there and help them find resources to answer their questions, and we sign out audiovisual materials to use in our group sessions."

Staff members document every encounter in the facility's computerized medical record system. "In our VISN," says Lisiecki, "we have Micromedix patient education handouts loaded onto the server, so we can print out health information for veterans as needed."

Lisiecki noted that the most important thing staff members do to educate homeless veterans regarding their health problems is to link health problems the veterans are anxious about to behaviors they can modify, then help them with strategies to change their behaviors. Staff members refer to these opportunities as teachable moments. For example, a staff member may say, "One of the most important things that you can do to manage your diabetes is to stop drinking and get a stable place to live."

One of the program's goals is to help homeless veterans achieve clinical stability, so case managers work with the treatment teams to help formulate and monitor treatment regimens.

The program also coordinates provision of dental services. According to Dan Leimann, Chief of Dental Service at the VAMC, once a veteran's homeless status is verified by a Homeless Veteran Program outreach clinician, the veteran can receive needed dental services at the VAMC. "Since the majority of homeless veterans in Chicago can be found near the Westside facility, it is the main center for homeless dental care," says Leimann. "However, the Hines and Lakeside facilities also are significantly involved."

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Patient Education in CPRS: The St. Louis Model

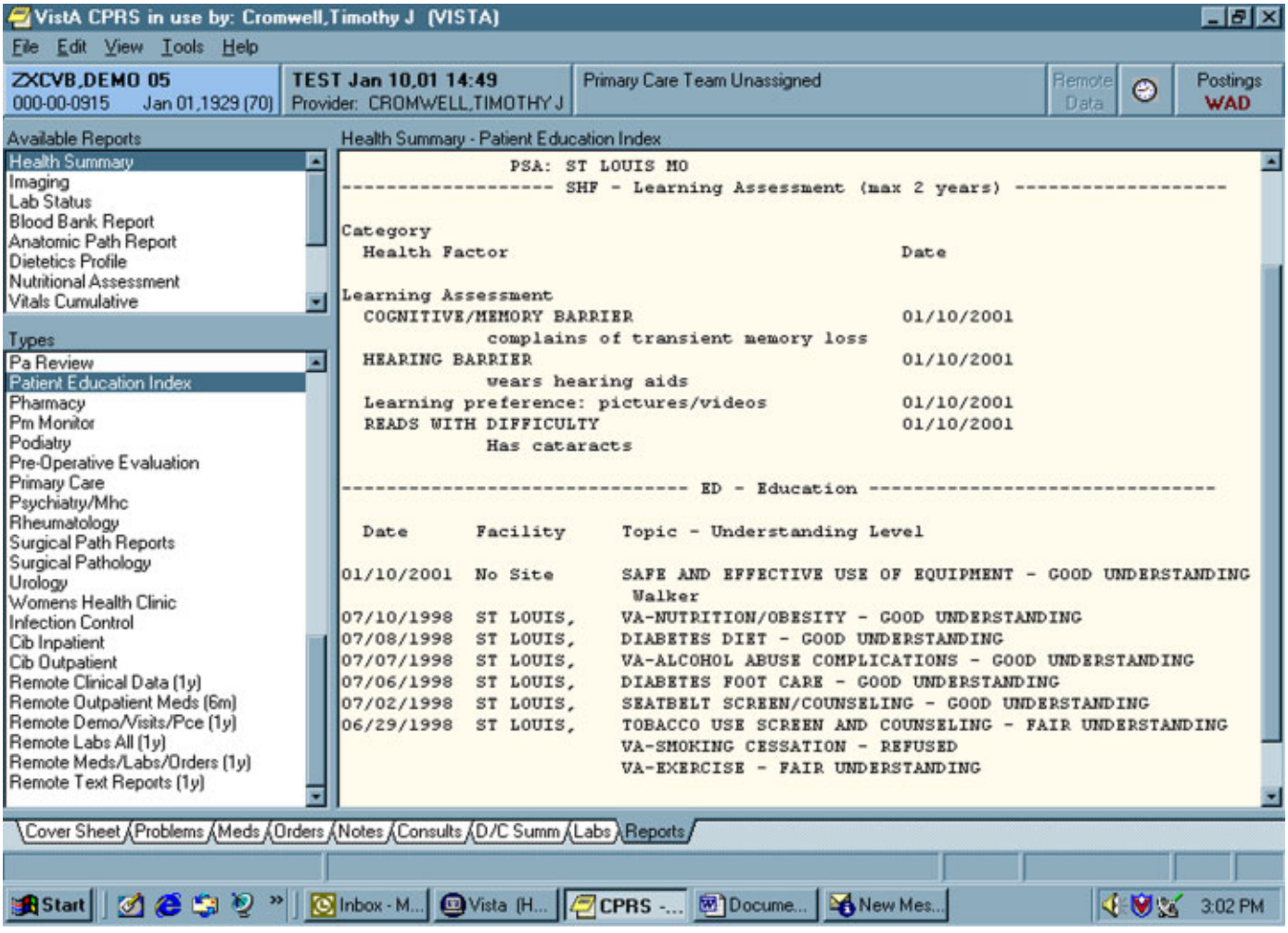
In the fall of 2000, the interdisciplinary patient education committee at the St. Louis VAMC recognized that they had two significant problems:

1) converting from a paper interdisciplinary patient education documentation tool to electronic media; and
2) providing clinicians with access to a larger number of patient education materials.

Committee members believed that the VHA computerized patient record system could help them address both problems, so they set about designing a documentation approach that would meet JCAHO requirements and be easy for staff to use. They also learned how to load patient education materials onto the medical record server so the materials would be available for all clinicians to use.

Tim Cromwell, then Clinical Applications Coordinator at the facility, designed the new documentation tools. They consisted of:

- a patient education clinical reminder with mandatory fields for data entry including:
  - ◊ patient readiness to learn
  - ◊ the most recent patient learning assessment, with options to update as needed
  - ◊ the topic about which the patient is being educated
  - ◊ the patient's level of understanding of this topic
  - ◊ the method of education being used for this encounter
  - ◊ the patient/significant other response to the education
- a patient education index which displays:
  - ◊ the most recent patient learning assessment
  - ◊ all patient education notes from the previous two years
  - ◊ the patient's level of understanding of previous patient education interventions.



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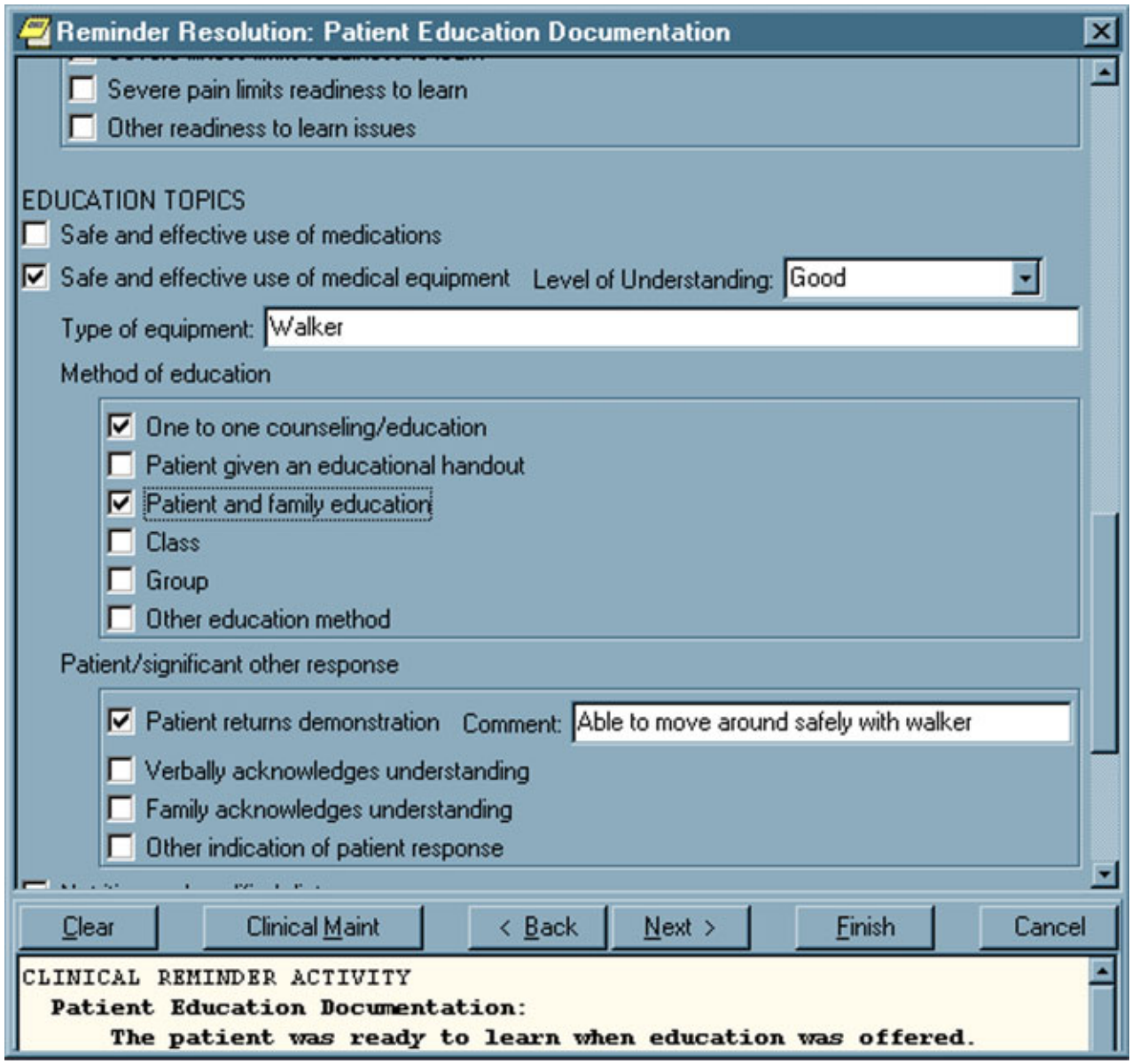
According to Ruth Hunter, Nurse Executive of the Primary Care Service Line and Chair of the Patient Education Committee, this system has several advantages:

- it is user-friendly which makes documentation easy to accomplish
- it has built-in guidelines so that patient education and documentation follow accepted standards of practice
- it allows any clinician to view the learning assessment and update it as needed
- it provides a template for organized progress notes on patient education
- the patient education index provides a quick reference for what the patient has been previously taught
- it gives the clinician the date and location of previous progress notes for more details.

Once the tools were ready for implementation, clinical staff members received tutoring in the new documentation system. As reinforcement for the individual tutoring, posters were developed and hung at each terminal showing staff how to document patient education using the new tools. Hunter says, "We were determined to have the new system running before our JCAHO site survey in 2001. We accomplished that, and we got a '1' in patient education from the JCAHO surveyors, so we're very pleased."



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"The second problem was resolved through a mix of hard work and fortuitous timing," says Hunter. Just as the committee was looking around for on-line patient education materials, the Krames On-Demand Teach Tools were beginning to be marketed. "We were the first medical center to fully use the materials in both inpatient and outpatient settings, so the staff at Krames were very willing to work with us to make their materials compatible with our computer system," says Hunter.

The Krames materials now include 1500 patient education handouts in English or Spanish with text and graphics written at the sixth grade level and printable in color or black and white. At the St. Louis VAMC, the tools are hyper-linked to 32 different clinical reminders, so they're easily accessible by clinicians. The clinician may also click on "Tools" to see the listing of teach tools relevant to a particular health problem. The clinician can then preview any tool and immediately print out a copy for the patient.

Hunter reports that the Krames subscription has saved the medical center thousands of dollars. "By having the materials on the computer, we don't have to track inventory and stock all the clinics and inpatient units, either," Hunter says. In addition, the materials are automatically available at all the community-based outpatient clinics and both divisions of the medical center. Two of the medical centers in the VISN—Marion, IL and Poplar Bluff, MO—which have integrated their databases with St. Louis, have also decided to participate in the Krames program. Hunter reports that patient satisfaction with the teach tools is very high. "We did a survey last year and found that patients say they understand the tools and appreciate the information."

For further information contact:

Ruth Hunter, RN, BSN, MBA, Nurse Executive, Primary Care Service Line, VAMC St. Louis; (314) 289-7676.

Here are some strategies for getting the maximum impact from print patient education materials:

- write the patient's name on the handout
- tell the patient what the purpose is for him
- underline, circle, or highlight key information (or have the patient do this with you)
- explain the key messages and diagrams
- write in the name and phone number of someone who can answer questions
- get feedback from the patient on this information

Patient Education/Primary Care Program Notes

Hepatitis C Patient Education Materials

New patient education materials regarding hepatitis C will be mailed to the hepatitis C contact person at each VA health care facility in the next several weeks. The materials consist of twenty-nine patient education brochures on a variety of hepatitis C and liver disease topics including screening, diagnosis, and treatment. Some are general information brochures, and some are intended for patients receiving hepatitis C treatment. Each facility will receive 100 copies of each brochure.

In addition, each facility will receive a set of seven patient education videos. The first video contains a synopsis of the other six videos along with general information about hepatitis C. It is designed to be shown in waiting areas or other public areas. The remaining videos address particular aspects of hepatitis C screening, diagnosis, and treatment. The brochures and videos were designed specifically for veterans.

These patient education materials were developed at the two VA Centers of Excellence for Hepatitis C in Miami, FL and San Francisco, CA. Descriptions of the materials can be found at the program website: www.va.gov/hepatitisc.

For further information contact:

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Medication Reminders

At the Manhattan facility of the VA New York Harbor Health Care System, staff use a number of tools to help patients remember to take their medicines. Noreen Haren, a clinical specialist who works with HIV patients, reports that they've had success with programmable beepers. "They're battery-operated and small enough to carry on a key chain," she says. "They can be set to signal the patient up to eight times a day, although we try to keep medication regimens to four or fewer doses per day." Haren says they're especially helpful for patients who are just starting a medication regimen. "After a month when the batteries run low, I ask the patients if they want more batteries, and they usually say, 'No, I've got it down now.'"

"We also give patients 1-day pill boxes so they can carry their medications if they're going to be out of the house when it's time to take them, and we also offer 7-day boxes so patients can organize a week's doses at one time." Haren notes.

Another tool that helps patients learn their medications is a chart with pictures of the medicines and the dosage schedule. "We use stickers with pictures of the pills so we can tailor the chart to each patient," Haren says.

For further information contact:

Noreen Haren, RN, MPH, Clinical Specialist, VA New York Harbor Health Care System; (212) 951-3457.

How do we know patient education works?

Chronic Disease Self-Management: 2-year Follow-up

This article reports the 1-year and 2-year follow-up outcome measures for the Chronic Disease Self-Management Program at Stanford University School of Medicine. Eight hundred thirty-one adults 40 years and older participated in the 8-week health education program conducted by lay leaders and clinicians. Participants had heart disease, lung disease, stroke, or arthritis at the time of the program. At the 1-year interval, 82% of eligible participants completed data, and at the 2-year interval, 76% completed data.

Outcome measures included health status, health care utilization, and perceived self-efficacy. Health status measures included self-rated health, disability, social/role activities limitations, energy/fatigue, and health distress. Health care utilization measures included ER/outpatient visits, times hospitalized, and days in hospital.

Compared with baseline for each of the two years, ER/outpatient visits and health distress were significantly reduced. Self-efficacy improved significantly. There were no other significant changes.

The health education program addressed the following chronic disease self-management tasks:

- using cognitive symptom management techniques
- dealing with fear, anger, and depression
- fatigue and sleep management
- use of medications
- communication with others, including health professionals
- problem solving and decision making
- exercise
- nutrition
- use of community resources.

A major innovation of the program is that specially trained lay leaders, who have chronic diseases themselves, teach the program.

The authors conclude that a low-cost program to promote self-management of health problems in populations with diverse chronic diseases can improve some indicators of health status while reducing health care costs.

Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW Jr, Bandura A, Gonzalez VM, Laurent DD, Holman HR. (2001) Chronic disease self-management program: 2-year health status and health care utilization outcomes. Medical Care 39(11):1217-23.

Patient Participation in Cancer Consultations

This study tested the effect of providing a question prompt sheet to patients prior to their initial consultation with the oncologist. Three hundred eighteen patients with heterogeneous cancers seeing one of five medical and four radiation oncologists for the first time were randomized to receive or not receive the question prompt sheet. Physicians were randomized to either proactively address or passively respond to the sheet in the consultation.

Anxiety was assessed prior to and immediately following the consultation. Consultations were audiotaped. Within ten days patients completed questionnaires assessing information needs, anxiety, and satisfaction. Patients also received a structured telephone interview assessing information recall.

Patients who received the question prompt sheet asked more questions about prognosis compared with controls, and oncologists gave significantly more prognostic information to these patients. Patients who received the sheets had longer consultations and higher levels of anxiety. However, when oncologists specifically addressed the question prompt sheet, anxiety levels were significantly reduced, consultation duration was decreased, and recall was significantly improved.

Brown RF, Butow PN, Dunn SM, Tattersall MH. (2001) Promoting patient participation and shortening cancer consultations: a randomised trial. British Journal of Cancer 85(9):1273-9.

Racial Differences in Communication

This study was undertaken by staff at the Houston VAMC Center for Quality of Care and Utilization Studies to determine if there are racial differences in processes of communication and decision making. Patient perceptions of their interaction with providers regarding cardiac testing were investigated through the use of focus groups. Four focus groups of 13 patients who had undergone cardiac stress testing with positive results were convened, stratified by race. Analysis of verbatim transcripts of the discussions yielded four domains of communication that appeared to influence patients' comfort and preferences regarding cardiac procedures:

1. the substance of the information provided was described as incomplete, vague, ambiguous, and unclear
2. some recommendations either were inconsistent with expectations or raised fears based on previous distressing experiences
3. patients said they needed to be convinced of the need for additional, invasive tests and therapeutic procedures
4. patients highlighted the importance of trusting their providers.

Although there were no apparent differences by race in patients' perception of the information they received, black patients consistently expressed a preference for building a relationship with physicians before agreeing to an invasive cardiac procedure, and just as consistently complained that trust was lacking. White patients tended to emphasize that they were inadequately convinced of the need for recommended procedures.

Collins TC, Clark JA, Petersen LA, Kressin NR. (2002) Racial differences in how patients perceive physician communication regarding cardiac testing. Medical Care 40(1Supplement):I27-34.

Performance Improvement Training

Every quarter, Patient Education in Primary Care will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire January 2002 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

OR

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

Questions:

1. What patient education strategies are currently used in the homeless veteran program at your facility? What suggestions would you make to enhance them?
2. How do homeless veterans access primary care at your facility? What suggestions would you make to improve access?
3. How is patient education currently documented at your facility? What suggestions would you make to improve patient education documentation at your facility?
4. How can your facility make effective use of the new print and video hepatitis C patient education materials?
5. What tools are currently used at your facility to help patients remember to take their medicines? What suggestions would you make to help patients adhere to medication regimens?

BREAKING THROUGH BARRIERS

Here are some examples of barriers you may encounter, along with ways to work through them. Every situation you encounter with a patient will be unique, however. Try to come up with other options that are also appropriate.

Source: (1996) *A Guide to Educating Patients.* Krames Communications, San Bruno, CA, page 25. Used with permission.

Barrier	Behavior	Implementation
Denial, anger, anxiety, or depression	Patient is distracted, disinterested, hostile, or doesn't believe there's a problem.	Tell your patient that these feelings are normal, that anyone would be concerned. Use the opportunity to reassess for new concerns.
Physical pain	Patient is unable to concentrate.	Focus on managing your patient's pain before implementing patient education.
Acute illness	All patient's energy is focused on coping with the illness. Patient finds it difficult to learn.	Address patient's fear, pain, or anxiety first, and then focus on developing new skills.
Language differences	You and your patient don't understand each other's language.	Find out if there's a support person who can help. Seek out interpreters or translation resources in your facility or community.
Physical disability	Patient finds it difficult to learn due to impaired hearing, sight, or mobility, or other physical disability.	Locate appropriate education aids that will enable your patient to meet his or her goals. If necessary, look for materials outside your facility.
Learning disability	Patient finds it difficult to comprehend educational materials as presented.	Try to give the patient a wide variety of materials, such as videos, audiotapes, models, pictures, and demonstrations.

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

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Coming in APRIL: Innovative uses of patient kiosks for health education of veterans

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

This newsletter is transmitted electronically to VHA staff. To add colleagues to the distribution list, contact your local patient education coordinator or committee chairperson.

Office of Primary and Ambulatory Care